

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-025893

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 167

STATE FILE NUMBER

FILED AUG 8 1962

## 1. PLACE OF DEATH

a. COUNTY Audrainb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MexicoLength of stay in 1b  
35 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Audrain HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Audrainc. CITY  
OR TOWN MexicoInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1305 E. Liberty St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
George Melvin Ferrier4. DATE OF DEATH  
Month Day Year  
July 29, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
Aug. 31, 1969. AGE (last birthday)  
65 yrs.IF UNDER 1 YEAR IF UNDER 24 HR.  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Fireman10b. KIND OF BUSINESS OR INDUSTRY  
Fire Brick11. BIRTHPLACE (City and state or country)  
Bluffton, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Thomas Ferrier

## 13b. MOTHER'S MAIDEN NAME

Minnie Franklin

## 14. NAME OF HUSBAND OR WIFE

Clara Ferrier

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Clara Ferrier, Mexico, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Myocardial occlusion

## INTERVAL BETWEEN ONSET AND DEATH

Approx 30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 29, 1962 to July 29, 1962 and last saw her alive on July 29, 1962  
Death occurred at 4:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

William W. Bradley MD, Coroner

## 22b. ADDRESS

Box 178, Farber

## 22c. DATE SIGNED

July 29, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

July 31, 62

## 23c. NAME OF CEMETERY OR CREMATORY

East Lawn

## 23d. LOCATION (City, town, or county)

Mexico, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Precht-Hueston, Mexico, Mo.

## 25. DATE RECD. BY LOCAL REG.

July 31-1962

## 26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Wm W Bradley MD, Coroner

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl T. Buckle

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.